

FORMAL LEAVE OF ABSENCE REQUEST

GS 28 (REV. 5-2000)

See reverse for additional information and instructions.

EMPLOYEE NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	CB ID
OFFICE / CLIENT AGENCY	POSITION NUMBER	TIME BASE
		CB ID

TO BE COMPLETED BY EMPLOYEE

REQUEST TYPE

☐ **Initial Request**
☐ **Extention**
I hereby request a formal leave of absence for the following (check appropriate box)

<input type="checkbox"/> Adoption	<input type="checkbox"/> Family illness or obligations	<input type="checkbox"/> Union Activity
<input type="checkbox"/> Education	<input type="checkbox"/> Illness (Self)	<input type="checkbox"/> After expiration of Non-Industrial Disability Leave (NDI benefits)
<input type="checkbox"/> Family Care Leave	<input type="checkbox"/> Parental Leave	<input type="checkbox"/> Other (Describe) _____

☐ Substantiation Attached

PERIOD OF LEAVE OF ABSENCE;	FROM	TO
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I am aware that I am responsible for the payment of full premiums for any insurance in which I am enrolled.

EMPLOYEE'S SIGNATURE

DATE SIGNED

**TO BE COMPLETED BY IMMEDIATE SUPERVISOR**

I RECOMMEND THE REQUEST FOR LEAVE OF ABSENCE BE

☐ **APPROVED**
☐ **DENIED** Explain:

PRINT SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE	DATE SIGNED
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**TO BE COMPLETED BY OFFICE CHIEF OR CLIENT AGENCY EXECUTIVE**

THE REQUEST FOR LEAVE OF ABSENCE IS:

☐ **APPROVED**
☐ **DENIED** Explain:

PRINT SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE	DATE SIGNED
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**PERSONNEL TRANSACTIONS UNIT USE ONLY**

DATE PAR KEYED	COMPLETED BY	DATE SIGNED
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Distribution: Original--Personnel Yellow--Employee Pink--Office/Client Agency Goldenrod--Office/Client Agency pending
